

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

**Form 1. Notice of Appeal from a Judgment or Order of a
United States District Court**

Name of U.S. District Court: California Northern District Court

U.S. District Court case number: 3:22-cr-00036

Date case was first filed in U.S. District Court: 7/13/21

Date of judgment or order you are appealing: 11/29/22

Fee paid for appeal? *(appeal fees are paid at the U.S. District Court)*

☐ Yes ☒ No ☐ IFP was granted by U.S. District Court

List all Appellants *(List each party filing the appeal. Do not use "et al." or other abbreviations.)*

Dr. Juli Mazi

FILED

DEC 05 2022

CLERK, U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA

Is this a cross-appeal? ☐ Yes ☒ No

If Yes, what is the first appeal case number?

Was there a previous appeal in this case? ☐ Yes ☒ No

If Yes, what is the prior appeal case number?

Your mailing address:

4146 Ashton Dr.

City: Sacramento State: CA Zip Code: 95864

Prisoner Inmate or A Number (if applicable):

Signature  Date 12/1/22

Complete and file with the attached representation statement in the U.S. District Court

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 6. Representation Statement

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form06instructions.pdf>

Appellant(s) (List *each* party filing the appeal, do not use “et al.” or other abbreviations.)

Name(s) of party/parties:

Dr. Juli Mazi

Name(s) of counsel (if any):

self-representing

Address: 4146 Ashton Dr. Sacramento, CA 95864

Telephone number(s): 503-888-9471

Email(s): dr.julimazi@gmail.com

Is counsel registered for Electronic Filing in the 9th Circuit? ☐ Yes ☒ No

Appellee(s) (List *only* the names of parties and counsel who will oppose you on appeal. List separately represented parties separately.)

Name(s) of party/parties:

USA

Name(s) of counsel (if any):

Sridhar Babu Kaza

Address:

Telephone number(s):

Email(s): sridhar.babu.kaza@usdoj.gov

To list additional parties and/or counsel, use next page.

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

Continued list of parties and counsel: *(attach additional pages as necessary)*

Appellants

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Is counsel registered for Electronic Filing in the 9th Circuit? ☐ Yes ☐ No

Appellees

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Name(s) of party/parties:

Name(s) of counsel (if any):

Address:

Telephone number(s):

Email(s):

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

FROM:

DR. JULI MAZI

4146 Ashton Dr.

Sacramento, CA

95864



TO:

ATTN: CLERK 16th FLOOR

450 Golden Gate Ave,

San Francisco, CA

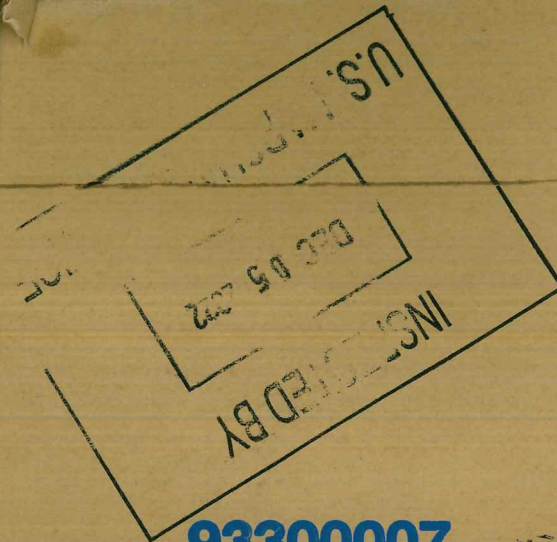
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